APPLICATION NO. FILING DATE FIRST NAMED INVENTOR. ATTORNEY DOCKET NO. CONFERNATION NO. 10/517,203 12/08/2004 Mischele Muccini 39714/CM/IP 1723  APPLIN TYPE SMALL ENTITY ISSUE FEE DUE FUBLICATION PEE DUE PREV. PAID ISSUE FEE TOTAL FEE(5) DUE DATE DUE doopprovisional YES \$700 \$100 \$11/28/2006  EXAMDER ART LIMIT CLASS-SURCLASS 10/00 \$0 \$1000 11/28/2006  EXAMDER ART LIMIT CLASS-SURCLASS 11/28/2006  EXAMDER ART LIMIT CLASS-SURC	ÜlF	<i>(a</i> \					126 <b>3] MA</b> 51:10:0 000	Ge 111 * RCVD at 11115120	
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AULAKH, CHARANIT  1625  546-007000  11/15/2016  BESKA-A: 20050031  133100  1051  Change of correspondence address or indication of "Fee Address" (37  FR. 1335).  10 Change of correspondence address (or Change of Correspondence Address from PTO/S8/122) attached.  11 Change of correspondence address (or Change of Correspondence Address from PTO/S8/122) attached.  12 For printing on the patent from page, list 2531  (1) the names of up to 3 registered gatheria thermics of up to 2 registered gatheria thermics or agents CR, alternatively, (2) the uame of a single firm (gatheria detunct) or agents CR, alternatively, (2) the uame of a single firm (gatheria detunct) or agents CR, alternatively, (2) the uame of a single firm (gatheria detunct) or agents CR, alternatively, (2) the uame of a single firm (gatheria detunct) or agents. If no name is is 100 pages or agents. If no name is 100 pages or agents. If no name is 100 pages or agents are formed and the pages of pages or agents. If no name is 100 pages or agents are agents or agents and the name of up to 2 registered gatheria atternatively.  (A) NAME OF ASSIGNEE  CONSIGIAL NAZIONALE DELLE RICERCHE ONTO A SUBSTITUTION THILAND UNIVERSITA* DEGLI STUDI DI MILAND UNIVERSITA* DEGLI STUDI OF RELEVANI TO A SUBSTITUTION OF A CONTROLOGIA TO A SUBSTITUTION OF A CONTROLOGIA TO A CO	APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE D	UE PREV, PAID ISS	ue fee 1	POTAL FEE(S) DUE	DATE DUE	
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Namber is required.  ASSIGNEB NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assigned is identified below, no assigned data will appear on the patent. If an assignee is identified below, the document has been filter recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filting an assignment.  (A) NAME OF ASSIGNEE  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (TTY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B	CFR 1.363).  Change of corresponded from PTO/SE  "Fee Address" indipersors of the PTO/SE	ondence address (or Cha 3/122) attached. cation (or "Fee Address 2 or more recent) attack	inge of Correspondence	(1) the names of u or agents OR, after (2) the name of a registered attorney 2 registered patent	(1) the names of up to 3 registered patentianings or agents OR, alternatively, (2) the name of a single firm (having as a member a				
PLEASE NOTE: Unless an assigned is identified below, no assigned data will appear on the patent. If an assigned is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  CONSIGLIO NAZIONALE DELLE RICERCHE UNIVERSITA* DEGLI STUDI DI MILANO  Pease check the appropriate assignee category or categories (will not be printed on the patent)  a. The following fec(s) are submitted:  (b) Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  (c) A check is enclosed.  (d) Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  (e) A check is enclosed.  (e) Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  (e) A check is enclosed.  (e) Payment by credit card. Form PTO-2038 is attached.  (e) The Director is hereby authorized to charge the required foc(s), any deficiency, or credit any everpayment, to Deposit Account Number 13—3860 (enclose an extra copy of this for the safety of the United Sistes Parpy and Trademark Office.  Authorized Signature  Authoriz	Number is required.	•		listed, no name wi	l be printed.		<del></del>		
UNIVERSITA* DEGLI STUDI DELL*INSUBRIA  WARKSE — ITALY  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern  a. The following fee(s) are submitted:  A check is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form FTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3860 (enclose an extra copy of this formation is feeling from anyone other than the applicant; a registered attorney or agent; or the assignee or other panterest as shown by the records of the United Space Parpy and Trademark Office.  Authorized Signature  Authorized Signature  Typed or printed name  Date  November 15, 2006  Registration No. 22,917  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to pre in application. Confidentially) is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to consist form and/or suggestions for reducing this burden, should be sent to the Chief Hormation Officer, U.S. Patent and Trademark Office, U.S. Department of Commence of Patents. P.O. Box (2007) (1918) (2007) (200	PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13_3860 (enclose an extra copy of this for this Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other panterest as shown by the records of the United States Parpy and Trademark Office.  Typed or printed name  Authorized Signature  Authorized Signature  Date November 15, 2006  Typed or printed name or including systems of the United States Parpy and Trademark Office.  Date November 15, 2006  Typed or printed name or including gathering, preparing ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to combine for many or suggestions for reducing his burden, should be sent to the Chief Information officer, U.S. Patent and Trademark Office, U.S. Department of Commences for Meters of Services of Se	) UNIVERSITA' UNIVERSITA'	DEGLI STUDI DEGLI STUDI	DI MILANO DELL'INSUBRIA	MILA VARE	NO – ITALY SK – ITALY	Corporation	or other private grou	npentity 🗖 Government	
The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 13 3860 (enclose an extra copy of this for this formation is not be not part of the serious of the United Status. Sec 37 CFR 1.27.  OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assigned or other panterest as shown by the records of the United States Parcy and Trademark Office.  Authorized Signature  Typed or printed name  Albert JOSET  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to premark of the application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the complete of applications for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commissioner for Patents, P.O. Box 1430, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box	X Issue Fee	A check is enclos	¢d.			town above)			
a Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other panterest as shown by the records of the United States Parcy and Trademark Office.  Authorized Signature  Authorized Signature  Typed or printed name  Albert Joseph Registration No. 22,917  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to promise the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to combine for mand/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, lox 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box		Payment by credi The Director is he overpayment, to I	Payment by credit card. Form FTO-2038 is attached.  The Director is hereby authorized to charge the required fco(s), any deficiency, or credit any overpayment, to Deposit Account Number 13—3860 (enclose an extra copy of this form).						
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assigned or other panterest as shown by the records of the United Space Patent and Trademark Office.  Authorized Signature  Typed or printed name  Albert JOSEF  Registration No. 22,917  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to promise the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to combine for any officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, lox 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box		•	•	□ h Ann?icent is no	longer claiming SM:	ATT ENTER	W 6 27 (****	9 1 27(-)/3)	
Authorized Signature  Authorized Signature  Authorized Signature  Typed or printed name  Albert J95#F  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to promapplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, lox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box	OTE: The Issue Fee and	Publication Fee (if req	uired) will not be accepte	d from anyone other th					
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Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	This collection of information application. Confident ubmitting the completed his form and/or suggestic ox 1450, Alexandria, Valexandria, Virginia 223	ation is required by 37 Ciality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DC 13-1450.			or retain a benefit by s estimated to take 12 ndividual case. Any fficer, U.S. Patent an S TO THIS ADDRES	the public of minutes to comments of Trademarks. SEND T	which is to file (and learning on the amount of time of the Corner of th		